	e e e e e e e e e e e e e e e e e e e	•	
The state of the s	PLACE OF BIRTH County of District of Town of Or City of FULL NAME OF CHILD If child is not named, make Supplementa	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 274 Local Registrar's No. (No. St; Ward) All Report on blank obtainable from local registrar. Number	
Mays aller DIVD.	Child Triplet or other Full FATHER Name Sory Socco Residence Banku S Color or Race Mage at last Birthday. Birthplace Staly Occupation Munus	and Sumber of legiting Date of Birth (Month) (Day) (Yr.) Full Maiden Contonette Brund Residence Residence Color or Race W Age at last Birthday Birthday Occupation Occupation Age at last Age at last Birthday Occupation	
	Number of child of this mother	o, of this mother, now living	
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
	I hereby certify that I attended the birth of *When there is no attending physi- cian or midwife, then the householder should make this return. Given or christian name added from a	(Signature) (Attending physician, midwife, householder.*)	
	supplemental report191	Address Q & Y	
	136-1008-126 COUNTY REGISTRAR.	Filed VC 12 1916 LOCAL REGISTRAR. Filed MANY 6 1916 COUNTY REGISTRAR	